

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street)

601 Pennsylvania Avenue, NW

Suite 500 South Building

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106740

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☒January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Borchardt

Signature of Treasurer

Electronically Filed by Robert Borchardt

Date

01

31

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		149741.74
(b) Cash on Hand at Beginning of Reporting Period .....	176905.52	
(c) Total Receipts (from Line 19) .....	99804.37	284135.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	276709.89	433877.34
7. Total Disbursements (from Line 31) .....	109220.13	266387.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	167489.76	167489.76
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	80824.78	173004.17
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	5979.59	14131.43
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	86804.37	187135.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	13000.00	97000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	99804.37	284135.60
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	99804.37	284135.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	99804.37	284135.60

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	928.59	1366.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	928.59	1366.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	107500.00	265000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	791.54	791.54
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	791.54	791.54
29. Other Disbursements.....	0.00	-770.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	109220.13	266387.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109220.13	266387.58

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	99804.37	284135.60
34. Total Contribution Refunds (from Line 28(d)) .....	791.54	791.54
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	99012.83	283344.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	928.59	1366.04
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	928.59	1366.04

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Al Annexstad

Mailing Address 121 East Park Square  
P.O. Box 328

City State Zip Code  
Owatonna MN 55060-3046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Federated Insurance Compa-  
nies

Occupation

Chairman of the Board, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 01b89c2580db64068c1

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-1

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-1

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

583.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-1

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-1

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-1

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

166.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_1\_15\_22

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-1

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-1

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-1

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-1

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-1

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-1

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-2

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070726-2

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

479.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-2

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-2

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-2

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_2\_15\_22

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-2

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-2

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-2

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-2

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-2

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-2

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-3

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-3

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

258.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-3

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-3

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-3

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	7

Transaction ID: 20070928\_3\_15\_22

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	7

Transaction ID: 20071011-3

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: 20071102-3

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-3

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-3

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-3

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-3

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Angela Braly

Mailing Address 120 Monument Cir

City State Zip Code  
Indianapolis IN 46204-4906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WellPoint, Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 7

Transaction ID: 0baae382e71b0aeace3

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Todd Breach

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-4

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

2035.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Todd Breach

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-4

Amount of Each Receipt this Period

10.42

**B.**

Full Name (Last, First, Middle Initial)

Todd Breach

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-4

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Todd Breach

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-4

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

31.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Todd Breach

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-4

Amount of Each Receipt this Period

10.42

**B.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Ave Nw  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-5

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Ave Nw  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-5

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

93.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Ave Nw  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_5\_15\_22

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Ave Nw  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-5

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Ave Nw  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-5

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Ave Nw  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-5

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Ave Nw  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-5

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Ave Nw  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-5

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

Transaction ID: 280128-5

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Brooks

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: 20071102-6

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Brooks

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	0	7

Transaction ID: 20071114-6

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional) .....

62.51

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Brooks

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-6

Amount of Each Receipt this Period

10.42

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Brooks

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-6

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Brooks

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-6

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

31.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-7

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-7

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-7

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-7

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-7

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_7\_15\_22

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-7

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-7

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-7

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-7

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-7

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-7

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 7

Transaction ID: b3f7f80c0dfb97a3f80

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher Cashman

Mailing Address 1901 Market St

City State Zip Code  
Philadelphia PA 19103-1475

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Independence Blue Cross

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: c3c76e8eb58b87365c5

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223

City State Zip Code  
Arlington VA 22201-5857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.47

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-9

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

1812.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223

City State Zip Code  
Arlington VA 22201-5857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.47

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-9

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223

City State Zip Code  
Arlington VA 22201-5857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.47

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-9

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223

City State Zip Code  
Arlington VA 22201-5857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.47

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-9

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

208.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223

City State Zip Code  
Arlington VA 22201-5857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.47

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-9

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223

City State Zip Code  
Arlington VA 22201-5857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.47

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_9\_15\_22

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223

City State Zip Code  
Arlington VA 22201-5857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.47

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-9

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223City State Zip Code  
Arlington VA 22201-5857FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: 20071102-9

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223City State Zip Code  
Arlington VA 22201-5857FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	7

Transaction ID: 20071114-9

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223City State Zip Code  
Arlington VA 22201-5857FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 20071201-9

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

249.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223

City State Zip Code  
Arlington VA 22201-5857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.47

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-9

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223

City State Zip Code  
Arlington VA 22201-5857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.47

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-9

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Teresa Chovan

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: c5b14ef4cef7b80547c

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

666.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lois Cornell

Mailing Address 31 Farm Hill Rd

City

Natick

State

MA

Zip Code

01760-5552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Health Plan

Occupation

Sr VP of HR, General Counsel, Sr. Comp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: 72bb82d31c32f27181c

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Susan Coronel

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 50b196a1ec6ccdf90a0

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Cynthia Cromie

Mailing Address 157 Lancaster St

City

Albany

State

NY

Zip Code

12210-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 7

Transaction ID: ba35bf0d45c5898d0db

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Crowell

Mailing Address 40 Wyman Rd

City

Lexington

State

MA

Zip Code

02420-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Health Plan

Occupation

Chief Operating Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: 784052f8a2d144c82d3

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ann Curry

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

AHIPStaff

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-10

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Ann Curry

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

AHIPStaff

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-10

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

583.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Ann Curry

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: 20070815-10

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Ann Curry

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 20070829-10

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Ann Curry

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	7

Transaction ID: 20070928\_10\_15\_22

Amount of Each Receipt this Period

0.00

SUBTOTAL of Receipts This Page (optional) .....

83.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

John Daddis

Mailing Address 756 Germantown Pike

City

Lafayette Hill

State

PA

Zip Code

19444-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Independence Blue Cross

Occupation

SVP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: c6d31e1f38a25486b5e

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory Daphnis

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-11

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Gregory Daphnis

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-11

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

291.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-12

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-12

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-11

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-11

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-10

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_11\_15\_22

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-10

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-10

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-10

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-10

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-10

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-10

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mary Beth Donahue

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 7

Transaction ID: ccb0e30af4b07a9367a

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Dougherty

Mailing Address 410 W Lombard S  
Apt 605

City State Zip Code  
Baltimore MD 21201-1625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-11

Amount of Each Receipt this Period

10.41

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Dougherty

Mailing Address 410 W Lombard S  
Apt 605

City State Zip Code  
Baltimore MD 21201-1625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-11

Amount of Each Receipt this Period

10.41

**SUBTOTAL** of Receipts This Page (optional) .....

5020.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Dougherty

Mailing Address 410 W Lombard S  
Apt 605

City State Zip Code  
Baltimore MD 21201-1625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-11

Amount of Each Receipt this Period

10.41

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Dougherty

Mailing Address 410 W Lombard S  
Apt 605

City State Zip Code  
Baltimore MD 21201-1625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-11

Amount of Each Receipt this Period

10.41

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Dougherty

Mailing Address 410 W Lombard S  
Apt 605

City State Zip Code  
Baltimore MD 21201-1625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-11

Amount of Each Receipt this Period

10.41

**SUBTOTAL** of Receipts This Page (optional) .....

31.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 13 / 2007

Transaction ID: 20070715-14

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2007

Transaction ID: 20070726-14

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2007

Transaction ID: 20070815-13

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-13

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-12

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_13\_15\_22

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	7

Transaction ID: 20071011-12

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: 20071102-12

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	7

Transaction ID: 20071114-12

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

249.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-12

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-12

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-12

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Paul Eiting

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 7

Transaction ID: e428b8b25ecd307808b

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Frick

Mailing Address 1901 Market St

City State Zip Code  
Philadelphia PA 19103-1475

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Independence Blue Cross

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 235112d8c408f2889fc

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-15

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

2375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-15

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-14

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-14

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-13

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_14\_15\_22

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-13

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-13

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-13

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-13

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-13

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-13

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

William Gedwed

Mailing Address 9151 Blvd 26

City State Zip Code  
North Richland Hil TX 76180-5605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HealthMarkets

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: ae482c0cd4ec404298b

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

William Haggett

Mailing Address 333 Elm Ave

City

Haddonfield

State

NJ

Zip Code

08033-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Independence Blue Cross

Occupation

Chief Marketing Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: eb9309d5b6067563a97

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

George Halvorson

Mailing Address One Kaiser Plaza  
27th Fl

City

Oakland

State

CA

Zip Code

94612-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Foundation Health  
Plan, Inc. an

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: a2bf3e6bf0d68cfefdb

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

H. E. Hanway

Mailing Address One Liberty Place  
1650 Market Street

City

Philadelphia

State

PA

Zip Code

19192-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA Corp.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: 8f7799605baf1e64852

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Frank Hayden

Mailing Address 8337 Audubon Street, NW

City

Massillon

State

OH

Zip Code

44646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AultCare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 530f18b73c3e971121a

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

James Hilbert

Mailing Address 10 Presidential Dr

City

Southborough

State

MA

Zip Code

01772-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Health Plan

Occupation

Senior VP and CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: 44fd494fa2d51b26e9c

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-18

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

770.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-18

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-17

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-17

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-16

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_17\_15\_22

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-16

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-16

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-16

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-16

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-16

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-16

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

John Hopkins

Mailing Address 2775 Crossroads Blvd

City State Zip Code  
Grand Junction CO 81506-8712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rocky Mountain Health Pla-  
ns

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 7

Transaction ID: 8232f525a0e02902fdf

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2041.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2007

Transaction ID: 20070715-19

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2007

Transaction ID: 20070726-19

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2007

Transaction ID: 20070815-18

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-18

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-17

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_18\_15\_22

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-17

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-17

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-17

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 20071201-17

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	7

Transaction ID: 20071214-17

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: 280128-17

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

249.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Karen Ignagni

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 5f95ed3759906b4fac3

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 190371b38ccf029dedc

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.36

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-20

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

5530.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.36

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2007

Transaction ID: 20070726-20

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.36

Date of Receipt

M M / D D / Y Y Y Y Y  
08 15 2007

Transaction ID: 20070815-19

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.36

Date of Receipt

M M / D D / Y Y Y Y Y  
08 31 2007

Transaction ID: 20070829-19

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-18

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_19\_15\_22

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-18

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-19

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-19

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-19

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-19

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-19

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Chad Kibler

Mailing Address 5645 Alcorn Avenue

City State Zip Code  
Louisville OH 44641

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AultCare

Occupation  
VP, Government Health Plans

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 2cbb3c6e2d7da096181

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

333.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Laurie Kuiper

Mailing Address 601 Pennsylvania Ave NW  
Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 7

Transaction ID: b456b3c4ebc41b40d28

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Tony Lamb

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-20

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Tony Lamb

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-20

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

520.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Tony Lamb

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-20

Amount of Each Receipt this Period

10.42

**B.**

Full Name (Last, First, Middle Initial)

Tony Lamb

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-20

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Tony Lamb

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-20

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

31.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-22

Amount of Each Receipt this Period

28.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-22

Amount of Each Receipt this Period

28.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-21

Amount of Each Receipt this Period

28.00

**SUBTOTAL** of Receipts This Page (optional) .....

84.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-21

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-20

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_21\_15\_22

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-20

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-21

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-21

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-21

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-21

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-21

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-23

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-23

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-22

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-22

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-21

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_22\_15\_22

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-21

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-22

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-22

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-22

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-22

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-22

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-24

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-24

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-23

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-23

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-22

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_23\_15\_22

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-22

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-23

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-23

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-23

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-23

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-23

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-25

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-25

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-24

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-24

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-23

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_24\_15\_22

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-23

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-24

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-24

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 20071201-24

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	7

Transaction ID: 20071214-24

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: 280128-24

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional) .....

624.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 13 / 2007

Transaction ID: 20070715-26

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2007

Transaction ID: 20070726-26

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2007

Transaction ID: 20070815-25

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-25

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-24

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_25\_15\_22

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-24

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-25

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-25

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-25

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-25

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-25

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel C. Lyons

Mailing Address 1150 Grandview Terrace

City

Radnor

State

PA

Zip Code

19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Independence Blue Cross

Occupation

SVP, Govt Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 6fb01b74d4026f2561b

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-27

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-26

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-26

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-25

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_26\_15\_22

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-25

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-27

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-27

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-27

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-27

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-27

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Anthony Meoni

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-30

Amount of Each Receipt this Period

10.50

**B.**

Full Name (Last, First, Middle Initial)

Anthony Meoni

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-30

Amount of Each Receipt this Period

10.50

**C.**

Full Name (Last, First, Middle Initial)

Anthony Meoni

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-30

Amount of Each Receipt this Period

10.50

**SUBTOTAL** of Receipts This Page (optional) .....

31.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Anthony Meoni

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-30

Amount of Each Receipt this Period

10.50

**B.**

Full Name (Last, First, Middle Initial)

Anthony Meoni

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-29

Amount of Each Receipt this Period

10.50

**C.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-31

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

41.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-31

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-30

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-30

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-29

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_30\_15\_22

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-29

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: 20071102-31

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	7

Transaction ID: 20071114-31

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 20071201-31

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-31

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-30

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-33

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-33

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-32

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-32

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-31

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_32\_15\_22

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-31

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-33

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-33

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-33

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-33

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-32

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Marion Minichiello

Mailing Address 4 Raymond Road Ext

City State Zip Code  
Burlington MA 01803-2828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tufts Health Plan

Occupation  
VP, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: 972a98477daa9488d37

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-34

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-34

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-33

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-34

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-33

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_34\_15\_22

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-33

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-35

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-35

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 107 / 206  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 20071201-35

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	7

Transaction ID: 20071214-35

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: 280128-34

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional) .....

62.49

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Neary

Mailing Address Mutual of Omaha Plz  
3301 Dodge StCity State Zip Code  
Omaha NE 68131-3416FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Mutual of Omaha Insurance  
CompanyOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	7

Transaction ID: 52ae809b75b1b0a097e

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Joe Novak

Mailing Address 2600 Sixth St SW

City State Zip Code  
Canton OH 44710-1702FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AultCareOccupation  
Provider Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	7

Transaction ID: f32712c49cae9ba369a

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

David Oliker

Mailing Address 625 State St

City State Zip Code  
Schenectady NY 12305-2111FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MVP Health CareOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	7

Transaction ID: 4e70c9b3acdc99dfdc

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional) .....

4250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Norman Payson

Mailing Address 8 Centre Street  
Ste 3

City State Zip Code  
Concord NH 03301-6302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Concentra Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 7

Transaction ID: de5693443f51056f16e

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-35

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-35

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

2083.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-34

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-35

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-34

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

166.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_35\_15\_22

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-34

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-36

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-36

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-36

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-36

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: 280128-35

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Diane Pete

Mailing Address 2203 Radford Street, NW

City State Zip Code  
North Canton OH 44720FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AultcareOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	7

Transaction ID: df95e0c10c5a84f0c50

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2763.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: 20070715-36

Amount of Each Receipt this Period

116.16

SUBTOTAL of Receipts This Page (optional) .....

428.66

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2763.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	7

Transaction ID: 20070726-36

Amount of Each Receipt this Period

116.16

**B.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2763.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: 20070815-35

Amount of Each Receipt this Period

116.16

**C.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2763.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 20070829-36

Amount of Each Receipt this Period

116.16

SUBTOTAL of Receipts This Page (optional) .....

348.48

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2763.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-35

Amount of Each Receipt this Period

116.16

**B.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2763.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_36\_15\_22

Amount of Each Receipt this Period

116.16

**C.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2763.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-35

Amount of Each Receipt this Period

116.16

**SUBTOTAL** of Receipts This Page (optional) .....

348.48

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2763.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: 20071102-37

Amount of Each Receipt this Period

116.16

**B.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2763.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	7

Transaction ID: 20071114-37

Amount of Each Receipt this Period

116.16

**C.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2763.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 20071201-37

Amount of Each Receipt this Period

116.16

SUBTOTAL of Receipts This Page (optional) .....

348.48

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2763.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-37

Amount of Each Receipt this Period

116.16

**B.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2763.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-36

Amount of Each Receipt this Period

116.16

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-37

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

253.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-37

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-36

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-37

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-36

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_37\_15\_22

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-36

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-38

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-38

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-38

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-38

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-37

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-38

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

124.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-38

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-37

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-38

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-37

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_38\_15\_22

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-37

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-39

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-39

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-39

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	7

Transaction ID: 20071214-39

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: 280128-38

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	7

Transaction ID: 20070917-39

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional) .....

187.49

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	7

Transaction ID: 20070928\_40\_15\_22

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	7

Transaction ID: 20071011-39

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: 20071102-41

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional) .....

62.49

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	7

Transaction ID: 20071114-41

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 20071201-41

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	7

Transaction ID: 20071214-41

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional) .....

62.49

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

Transaction ID: 280128-40

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	0	7

Transaction ID: 20070715-41

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	7

Transaction ID: 20070726-41

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional) .....

62.49

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	7

Transaction ID: 20070815-40

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 20070829-41

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	7

Transaction ID: 20070917-40

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional) .....

83.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_41\_15\_22

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-40

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-42

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

93.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-42

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-42

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-42

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

93.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.70

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-41

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Christopher Remark

Mailing Address 11205 Wright Road

City State Zip Code  
Uniontown OH 44685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AultCare

Occupation  
EVP, Altman Hospital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 60f99a77783a4b09044

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Richiski

Mailing Address One Liberty Plaza, 31st Floor

City State Zip Code  
New York NY 10006-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Zurich North America

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 0c94b69b3ddc8ca74c5

Amount of Each Receipt this Period

3000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3281.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-42

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-42

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-41

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-42

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-41

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_42\_15\_22

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-41

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-43

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-43

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 20071201-43

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	7

Transaction ID: 20071214-43

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

James Roosevelt

Mailing Address 333 Wyman St

City State Zip Code  
Waltham MA 02451-1209FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Tufts Health PlanOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	7

Transaction ID: be7e4e8b5581db7357f

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional) .....

2166.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

James R. Savage

Mailing Address 500 Bachtel SE

City

North Canton

State

OH

Zip Code

44720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AultCare

Occupation

Manager, Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 872234ffc3885dacc90

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Melissa Shelton

Mailing Address 3371 Hadrian Circle, NW

City

Canton

State

OH

Zip Code

44708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aultcare

Occupation

Associate Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 85c5f79f056dfefb20eb

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 12149 Darnley Rd  
South Bldg, Ste 500

City

Woodbridge

State

VA

Zip Code

22192-6615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.08

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-42

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

541.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 12149 Darnley Rd

City

Woodbridge

State

VA

Zip Code

22192-6615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_43\_15\_22

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 12149 Darnley Rd  
South Bldg, Ste 500

City

Woodbridge

State

VA

Zip Code

22192-6615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-42

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 12149 Darnley Rd  
South Bldg, Ste 500

City

Woodbridge

State

VA

Zip Code

22192-6615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-44

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 12149 Darnley Rd  
South Bldg, Ste 500

City State Zip Code  
Woodbridge VA 22192-6615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-44

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 12149 Darnley Rd  
South Bldg, Ste 500

City State Zip Code  
Woodbridge VA 22192-6615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-44

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 12149 Darnley Rd

City State Zip Code  
Woodbridge VA 22192-6615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-44

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 12149 Darnley Rd  
South Bldg, Ste 500City State Zip Code  
Woodbridge VA 22192-6615FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-42

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 0 7

Transaction ID: e758ae63773b3cd7ccf

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Buck Stinson

Mailing Address 6620 W Broad St  
Bldg 4City State Zip Code  
Richmond VA 23230-1700FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genworth FinancialOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 7

Transaction ID: 1ea186760eeadad445e

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2541.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Ave NW  
South Building, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4904.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-44

Amount of Each Receipt this Period

204.35

**B.**

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Ave NW  
South Building, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4904.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-44

Amount of Each Receipt this Period

204.35

**C.**

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Ave NW  
South Building, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4904.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-43

Amount of Each Receipt this Period

204.35

**SUBTOTAL** of Receipts This Page (optional) .....

613.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Ave NW  
South Building, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4904.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-44

Amount of Each Receipt this Period

204.35

**B.**

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Ave NW  
South Building, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4904.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-43

Amount of Each Receipt this Period

204.35

**C.**

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Ave NW  
South Building, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4904.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_44\_15\_22

Amount of Each Receipt this Period

204.35

**SUBTOTAL** of Receipts This Page (optional) .....

**613.05**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Ave NW  
South Building, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4904.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-43

Amount of Each Receipt this Period

204.35

**B.**

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Ave NW  
South Building, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4904.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-45

Amount of Each Receipt this Period

204.35

**C.**

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Ave NW  
South Building, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4904.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-45

Amount of Each Receipt this Period

204.35

**SUBTOTAL** of Receipts This Page (optional) .....

613.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Ave NW  
South Building, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4904.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-45

Amount of Each Receipt this Period

204.35

**B.**

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Ave NW  
South Building, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4904.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-45

Amount of Each Receipt this Period

204.35

**C.**

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Ave NW  
South Building, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4904.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-43

Amount of Each Receipt this Period

204.35

**SUBTOTAL** of Receipts This Page (optional) .....

613.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeanette Thornton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-45

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Jeanette Thornton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-45

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Jeanette Thornton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-44

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-46

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-46

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-45

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-46

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-45

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_46\_15\_22

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: 20071011-45

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: 20071102-47

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	0	7

Transaction ID: 20071114-47

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-47

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-47

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-45

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Patricia Trebino

Mailing Address 142 Manning St

City

Needham

State

MA

Zip Code

02494-1541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Health Plan

Occupation

SVP of Operations, CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: b9f116c6d68f44c4a9e

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Aaron Tucker

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-48

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Aaron Tucker

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-48

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

520.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Aaron Tucker

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-48

Amount of Each Receipt this Period

10.42

**B.**

Full Name (Last, First, Middle Initial)

Aaron Tucker

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-48

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Aaron Tucker

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-46

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

31.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3949.97

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-48

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3949.97

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-48

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3949.97

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-47

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3949.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 20070829-48

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3949.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	7

Transaction ID: 20070917-47

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3949.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	7

Transaction ID: 20070928\_48\_15\_22

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional) .....

624.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3949.97

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-47

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3949.97

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-49

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3949.97

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-49

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3949.97

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-49

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3949.97

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-49

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3949.97

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-47

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-49

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-49

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-48

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-49

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-48

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_49\_15\_22

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-48

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-50

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-50

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 20071201-50

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	7

Transaction ID: 20071214-50

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: 280128-48

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional) .....

125.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

I. Steven Udvarhelyi

Mailing Address 1901 Market St

City

Philadelphia

State

PA

Zip Code

19103-1475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Independence Blue Cross

Occupation  
CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 32550c4655722d19227

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr

City

Marquette

State

MI

Zip Code

49855-9542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-50

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr

City

Marquette

State

MI

Zip Code

49855-9542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-50

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr  
South Bldg, Ste 500

City State Zip Code  
 Marquette MI 49855-9542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-49

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr  
South Bldg, Ste 500

City State Zip Code  
 Marquette MI 49855-9542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-50

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr  
South Bldg, Ste 500

City State Zip Code  
 Marquette MI 49855-9542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-49

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr

City

Marquette

State

MI

Zip Code

49855-9542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_50\_15\_22

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr  
South Bldg, Ste 500

City

Marquette

State

MI

Zip Code

49855-9542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-49

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr  
South Bldg, Ste 500

City

Marquette

State

MI

Zip Code

49855-9542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-51

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr  
South Bldg, Ste 500City State Zip Code  
Marquette MI 49855-9542FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	7

Transaction ID: 20071114-51

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr  
South Bldg, Ste 500City State Zip Code  
Marquette MI 49855-9542FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 20071201-51

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr

City State Zip Code  
Marquette MI 49855-9542FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	7

Transaction ID: 20071214-51

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional) .....

135.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr  
South Bldg, Ste 500

City State Zip Code  
Marquette MI 49855-9542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-49

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-51

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070726-51

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

107.50

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: 20070815-50

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 20070829-51

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	7

Transaction ID: 20070917-50

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional) .....

93.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_51\_15\_22

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-50

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-52

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

93.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 206  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-52

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-52

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-52

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

93.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-50

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Kelly Vogel

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.94

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070715-52

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Kelly Vogel

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.94

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20070726-52

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

72.91

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 169 / 206  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Kelly Vogel

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: 20070815-51

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Kelly Vogel

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 20070829-52

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Kelly Vogel

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	7

Transaction ID: 20070917-51

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional) .....

62.49

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Kelly Vogel

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	7

Transaction ID: 20070928\_52\_15\_22

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Kelly Vogel

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	7

Transaction ID: b5a165089ba426c08b5

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Duane Wright

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500City State Zip Code  
Washington DC 20004-2601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
America's Health Insurance  
PlansOccupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: 20070715-54

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional) .....

2083.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Duane Wright

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 20070726-54

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Duane Wright

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: 20070815-53

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Duane Wright

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 20070829-54

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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Mailing Address 601 Pennsylvania Ave NW  
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City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 7

Transaction ID: 20070917-53

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Duane Wright

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 20070928\_54\_15\_22

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Duane Wright

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 20071011-52

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Duane Wright

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 20071102-54

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Duane Wright

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-54

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Duane Wright

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-54

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Duane Wright

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-54

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Duane Wright

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-52

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Marilyn Zigmund Luke

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 20071114-55

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Marilyn Zigmund Luke

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 20071201-55

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Marilyn Zigmund Luke

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: 20071214-55

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Marilyn Zigmund Luke

Mailing Address 601 Pennsylvania Ave NW  
South Bldg, Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
AHIPStaff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 280128-53

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

80824.78

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 206

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.** Full Name (Last, First, Middle Initial)

Bluepac of Pennsylvania (INDEPENDENCE BLUE CROSS; BLUEPAC-THE BLUECROSS &amp; BLUESHIELD)

Mailing Address PO Box 60710  
C/O Linda MeluskyCity State Zip Code  
Harrisburg PA 17106FEC ID number of contributing  
federal political committee. **C** C00270967

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	7

Transaction ID: 62191-03274172544479

Amount of Each Receipt this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)

Genworth Financial Inc Political Action Committee Genworthpac

Mailing Address 6620 West Broad Street

City State Zip Code  
Richmond VA 23230FEC ID number of contributing  
federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	0	7

Transaction ID: 59328-07931154966354

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)

Medco Health Solutions Inc Political Action Committee (AKA: MEDCO HEALTH PAC)

Mailing Address 591 Redwood Highway #4000  
Mail Stop E3-13City State Zip Code  
Mill Valley CA 94941FEC ID number of contributing  
federal political committee. **C** C00384362

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	7

Transaction ID: 80863-43236941099167

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 206

(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input checked="" type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	-------------------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mvp Health Care Inc Federal Pac

Mailing Address 625 State Street

City

Schenectady

State

NY

Zip Code

12305

FEC ID number of contributing  
federal political committee.**C** C00431429

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Transaction ID: 01064-26174563169479

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

13000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 178 / 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 730 15th Street, NW Second Floor</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Wire Transfer Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 41690-35450381040573</p> <p>Date of Disbursement 07 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 730 15th Street, NW Second Floor</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Wire Transfer Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 41690-40047854185104</p> <p>Date of Disbursement 07 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 730 15th Street, NW Second Floor</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Wire Transfer Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 04904-45508974790573</p> <p>Date of Disbursement 08 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 10.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 179 / 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> 04904-23682802915573 <b>Date of Disbursement</b>																				
Mailing Address 730 15th Street, NW Second Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	9		2	0	0	7												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wire Transfer Fee Candidate Name	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> 59194-24303835630417 <b>Date of Disbursement</b>																				
Mailing Address 730 15th Street, NW Second Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	4		2	0	0	7												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wire Transfer Fee Candidate Name	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> 59194-29479616880417 <b>Date of Disbursement</b>																				
Mailing Address 730 15th Street, NW Second Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	7		2	0	0	7												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wire Transfer Fee Candidate Name	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 180 / 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 85942-29497927427292

Date of Disbursement

10 / 11 / 2007

Amount of Each Disbursement this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 94817-58460634946823

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 94817-06159609556198

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 181 / 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 94817-33114260435104

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 39705-85682314634323

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 39705-92005556821824

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 182 / 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 41690-63486880064011

Date of Disbursement

07 / 05 / 2007

Amount of Each Disbursement this Period

53.25

**B.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Amex Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 41690-95701235532761

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 41690-94230288267136

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

31.66

**SUBTOTAL** of Disbursements This Page (optional) .....

115.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 183 / 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Amex Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 41690-05151003599166</p> <p>Date of Disbursement 07 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 4.50</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 04904-91326540708542</p> <p>Date of Disbursement 08 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 82.00</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 04904-49273318052292</p> <p>Date of Disbursement 08 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 31.66</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

118.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 184 / 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Amex Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 04904-82012575864792</p> <p>Date of Disbursement 08 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 147.49</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Amex Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 04904-38628786802292</p> <p>Date of Disbursement 08 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 4.50</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement AMEX Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 59194-03541201353073</p> <p>Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 0.78</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

152.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 185 / 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 59194-13080996274948</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 59194-30286806821823</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="173.61"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 59194-72259157896042</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2.75"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**203.36**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 186 / 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Citibank	<b>Transaction ID:</b> 59194-42455691099167 <b>Date of Disbursement</b>																				
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	0		2	0	0	7												
City Washington State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Merchant Service Fee Candidate Name	<table border="1"> <tr> <td colspan="10">31.66</td> </tr> </table>	31.66																			
31.66																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
<b>B.</b> Full Name (Last, First, Middle Initial) Citibank	<b>Transaction ID:</b> 59194-31843203306198 <b>Date of Disbursement</b>																				
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	0	7												
City Washington State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AMEX fees Candidate Name	<table border="1"> <tr> <td colspan="10">4.50</td> </tr> </table>	4.50																			
4.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
<b>C.</b> Full Name (Last, First, Middle Initial) Citibank	<b>Transaction ID:</b> 85942-99795168638230 <b>Date of Disbursement</b>																				
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	0	7												
City Washington State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Merchant Service Fee Candidate Name	<table border="1"> <tr> <td colspan="10">10.25</td> </tr> </table>	10.25																			
10.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					

**SUBTOTAL** of Disbursements This Page (optional) .....

46.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 187 / 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 85942-08767336606979

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

31.66

B.

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Amex Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 18709-95563906431199

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

1.56

C.

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 18709-96979922056199

Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

39.58

SUBTOTAL of Disbursements This Page (optional) .....

72.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 188 / 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 58017-90177553892136</p> <p>Date of Disbursement 11 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 1.06</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 58017-33189028501510</p> <p>Date of Disbursement 11 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 61.86</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 58017-49930971860886</p> <p>Date of Disbursement 11 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 4.50</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

67.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 189 / 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 39705-03789919614791

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

0.10

**B.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 39705-81603640317917

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

31.66

**SUBTOTAL** of Disbursements This Page (optional) .....

31.76

**TOTAL** This Period (last page this line number only) .....

928.59

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 190 / 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.** Full Name (Last, First, Middle Initial)  
Battle Born Political Action CommitteeMailing Address PO Box 40366  
Suite 300

City Washington State DC Zip Code 20016

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Transaction ID: 12230-9210016131401

Date of Disbursement

M M / D D / Y Y Y Y  
09 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
Baucus Johnson Victory Fund

Mailing Address 607 14th Street NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Transaction ID: 50174-3459436297416

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 05 / 2007

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
Boyd for Congress

Mailing Address PO Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement  
2008 Primary ContributionCandidate Name  
F. Boyd011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼  
Contribution

State: FL District: 02

Transaction ID: 57257-8870050311088

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Brady for Congress

Mailing Address PO Box 8277

City  
the Woodlands

State  
TX

Zip Code  
77387

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
Kevin Brady

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

**Transaction ID:** 06175-9819299578666

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Clarke for Congress

Mailing Address 111-36 200th Street

City  
Hollis

State  
NY

Zip Code  
11412

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
Yvette Clarke

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 11

**Transaction ID:** 50174-6356164813041

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City  
Brooklyn

State  
NY

Zip Code  
11233

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
Edolphus Towns

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 10

**Transaction ID:** 06175-7627984881401

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.** Full Name (Last, First, Middle Initial)  
Democrats Win Seats (DWS PAC)

Mailing Address 1071 Twin Branch Lane

City State Zip Code  
Weston FL 33326

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼  
State: District: Contribution

Transaction ID: 57257-7719079852104

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
Every Republican Is Crucial (ERICPAC)

Mailing Address 25 East Main Street Suite 200

City State Zip Code  
Richmond VA 23219

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼  
State: District: Contribution

Transaction ID: 12230-4082452654838

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
Every Republican Is Crucial (ERICPAC)

Mailing Address 25 East Main Street Suite 200

City State Zip Code  
Richmond VA 23219

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼  
State: District: Contribution

Transaction ID: 57257-6476098895073

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Friends of Gordon Smith

Mailing Address 228 S Washington Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2008 General Contribution

Candidate Name  
Gordon Smith

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District:

Transaction ID: 50174-2943536639213

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends of Jay Rockefeller

Mailing Address PO Box 1909

City Charleston State WV Zip Code 25327

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
John Rockefeller

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District:

Transaction ID: 56964-6682702898979

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends of John Barrasso

Mailing Address 6896 Casper Mountain Road

City Casper State WY Zip Code 82601

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
John Barrasso

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District:

Transaction ID: 12230-6179620623588

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Friends of Roy Blunt

Mailing Address PO Box 50100

City  
Springfield

State  
MO

Zip Code  
65805

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
Roy Blunt

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: 57257-0060235857963

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Glacier Pac

Mailing Address 236 Massachusetts Avenue Northeast  
Suite 603

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 50174-4081079363822

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Hawkeye Pac, the

Mailing Address PO Box 7255

City  
Des Moines

State  
IA

Zip Code  
50309

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 50174-0585901141166

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) ►

9000.00

**TOTAL** This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Heather Wilson for Senate

Mailing Address PO Box 14070

City  
Albuquerque

State  
NM

Zip Code  
87191

Purpose of Disbursement  
2008 Primary Contribution

011

Category/  
Type

Candidate Name  
Heather Wilson

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District:

Transaction ID: 50174-2182123064994

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Help Elect America's Team (HEAT PAC)

Mailing Address 499 South Capitol Street Southwest  
Suite 412

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
2007 Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 50174-1257287859916

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Hoosiers for Hill

Mailing Address PO Box 1071

City  
Seymour

State  
IN

Zip Code  
47274

Purpose of Disbursement  
2008 Primary Contribution

011

Category/  
Type

Candidate Name  
Baron Hill

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: 42373-9219781756401

Date of Disbursement

12 / 20 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.** Full Name (Last, First, Middle Initial)  
Hoosiers Supporting Buyer for Congress

Mailing Address 200 North Main St. PO Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement  
2008 Primary ContributionCandidate Name  
Stephen Buyer011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 04

Transaction ID: 50174-7144128680229

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Hulshof for Congress

Mailing Address PO Box 1621

City Columbia State MO Zip Code 65205

Purpose of Disbursement  
2008 Primary ContributionCandidate Name  
Kenny Hulshof011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 09

Transaction ID: 12230-2567560076713

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Issa for Congress

Mailing Address PO Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement  
2008 Primary ContributionCandidate Name  
Darrell Issa011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 49

Transaction ID: 56964-3804284930229

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

## **A.** Full Name (Last, First, Middle Initial) Jobs, Opportunities and Education, Pac (JOE-PAC)

Mailing Address 84-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
2007 Contribution

Candidate Name

**011**  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

**Transaction ID:** 56964-1831628680229

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

## **B.** Full Name (Last, First, Middle Initial) John Shadeggs Friends

Mailing Address PO Box 45444

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
John Shadegg

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AZ District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50240-7603723406791

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

## **C.** Full Name (Last, First, Middle Initial) Kind for Congress Committee

Mailing Address 205 South 5th Avenue  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
Ron Kind

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 57257-1008111834526

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.** Full Name (Last, First, Middle Initial)  
Majority Initiative To Keep Electing Republicans Fund  
A.K.A Mike R Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 Contribution

Transaction ID: 06175-5568658709526

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mark Pryor for Us Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
Mark Pryor

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: AR District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50240-0415002703666

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Marsha Blackburn for Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
Marsha Blackburn

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 07

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 06175-8240930438041

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mary Bono Committee

Mailing Address PO Box 3370

City  
Palm SpringsState  
CAZip Code  
92263Purpose of Disbursement  
2008 Primary ContributionCandidate Name  
Mary Bono011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: 56964-3599511981010

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Matheson for Congress

Mailing Address PO Box 521048  
Suite ACity  
Salt Lake CityState  
UTZip Code  
84152Purpose of Disbursement  
2008 Primary ContributionCandidate Name  
Jim Matheson011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: 50174-1858484148979

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Melissa Bean for Congress

Mailing Address Post Office Box 3068

City  
BarringtonState  
ILZip Code  
60010Purpose of Disbursement  
2008 Primary ContributionCandidate Name  
Melissa Bean011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: 57257-7103387713432

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Moderate Democrats Pac	<b>Transaction ID:</b> 50174-9127160906791 <b>Date of Disbursement</b>																				
Mailing Address 426 C Street Northeast	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	5		2	0	0	7												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2007 Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) National Republican Congressional Committee	<b>Transaction ID:</b> 50240-9852868914604 <b>Date of Disbursement</b>																				
Mailing Address 320 First Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	7												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2007 Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Nebraska Leadership Pac	<b>Transaction ID:</b> 56964-8759729266166 <b>Date of Disbursement</b>																				
Mailing Address PO Box 3325	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	7												
City Omaha State NE Zip Code 68103	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2007 Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....**22500.00****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 201 / 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

New Democrat Coalition Political Action Committee Aka  
Ndc Pac

Mailing Address 607 14th Street NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

Transaction ID: 12230-5149499773979

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Next Century Fund

Mailing Address 116 S Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

Transaction ID: 12230-3873559832572

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Nodak Pac

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

Transaction ID: 12230-7054101824760

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 202 / 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Orrinpac

Mailing Address 175 South West Temple Suite 650

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement

2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

Contribution

Transaction ID: 12230-2072564959526

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Pat Roberts for Senate

Mailing Address PO Box 433

City State Zip Code  
Great Bend KS 67530

Purpose of Disbursement

2008 Primary Contribution

Candidate Name

Pat Roberts

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: KS District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Contribution

Transaction ID: 50174-9051477313041

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Prosperity Pac

Mailing Address 1006 Pendleton Street

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement

2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

Contribution

Transaction ID: 12230-5963250994682

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Ron Lewis for Congress

Mailing Address PO Box 307

City  
Elizabethtown

State  
KY

Zip Code  
42702

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
Ron Lewis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

**Transaction ID:** 57257-3260614275932

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Senate Majority Fund

Mailing Address PO Box 32025

City  
Phoenix

State  
AZ

Zip Code  
85064

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

**Transaction ID:** 50174-2545129656791

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Texans for Senator John Cornyn Inc

Mailing Address 6850 Austin Centre Boulevard  
Suite 180

City  
Austin

State  
TX

Zip Code  
78731

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
John Cornyn

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

**Transaction ID:** 50174-9377252459526

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 204 / 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Tiberi for Congress

Mailing Address 2021 E Dublin Granville Road  
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement  
2008 Primary ContributionCandidate Name  
Pat Tiberi011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: 57257-9161035418510

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Together for Our Majority Political Action Committee (T-OMPAC)

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 50174-8693811297416

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Whitehouse for Senate

Mailing Address PO Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement  
2008 Primary ContributionCandidate Name  
Sheldon Whitehouse011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District:

Transaction ID: 50174-8705407977104

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

107500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Gregory Daphnis

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

Purpose of Disbursement  
Refund of 2006 & 2007 contributions

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25307-88506716489792

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

791.54

SUBTOTAL of Disbursements This Page (optional) .....

791.54

TOTAL This Period (last page this line number only) .....

791.54

Image# 28990264413

Form/Schedule: **F3X**

Transaction ID:

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